

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027290

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

911

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

15117

25117

3

40

51

6

70

82

9332X

10

11

1290-0

1314

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

911

STATE FILE NUMBER

FILED JUL 31 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Joseph

Length of stay in 1b

life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

3315 Mueller Lane

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

c. CITY OR TOWN

St. Joseph

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3315 Mueller Lane

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

WILLIAM

Middle

FREDERICK

Last

COLLINS

4. DATE OF DEATH

Month

Day

Year

July 23, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/10/1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10b. KIND OF BUSINESS OR INDUSTRY

Quaker Oats Co.

11. BIRTHPLACE (City and state or country)

St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William L. Collins

13b. MOTHER'S MAIDEN NAME

Sarah Cooksey

14. NAME OF HUSBAND OR WIFE

Ruth Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

St. Joseph, Mo.

Ruth Collins, 3315 Mueller Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

5 year +

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus: Hemiplegia secondary to (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-10-52 to 7-23-63 and last saw her alive on 7-29-63  
Death occurred at 1:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ernest Remondet M.D.

22b. ADDRESS

St. Joseph Mo.

22c. DATE SIGNED

7-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

7/24/1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Heaton-Bowman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

July 29, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1963

Permit issued 7-24-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Eugene Wood*

Licensed Embalmer No. 3824

P. O. Address 319 1/2 10th St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.